

CURRENT EMPLOYER INFORMATION

This form is also available as an interactive form on the Family Support Center Website.
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER:

ATLAS NUMBER:

PAYOR NAME:
(PERSON TO MAKE PAYMENTS)

SSN:

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME:

PAYROLL ADDRESS:

CITY:

STATE:

ZIP:

EMPLOYER TELEPHONE:

EMPLOYER FAX:

WA/FSC

WA/LOG ID: _____

TYPE OF W/A _____

DATE _____

AMOUNT OF ORDER _____

EMPLOYER STATUS _____

ENTERED BY _____

NEW W/A _____

AG _____

SUB _____

DCSE _____